

**COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE**

**PROOF OF COVERAGE
MULTIPLE EMPLOYER WELFARE ARRANGEMENT ("MEWA")**

The following information is to be affirmed by a trustee, officer or director of the Multiple Employer Welfare Arrangement:

MEWA Identification Number (Assigned by Bureau)

Federal Employer Identification Number (FEIN)

Full and Exact Name of MEWA

I hereby certify that all of the covered benefits of this MEWA are (i) insured on a direct basis by an insurance company licensed and in good standing to transact the business of insurance in Virginia pursuant to Title 38.2 of the Code of Virginia or (ii) arranged for or provided on a direct basis by (1) a health services plan licensed and in good standing in Virginia pursuant to Chapter 42 of Title 38.2 of the Code of Virginia, (2) a health maintenance organization licensed and in good standing in Virginia pursuant to Chapter 43 of Title 38.2 of the Code of Virginia, (3) a dental or optometric services plan licensed and in good standing in Virginia pursuant to Chapter 45 of Title 38.2 of the Code of Virginia, or (4) any combination thereof. I further certify that the above named MEWA has maintained full coverage of the covered benefits since the date of inception.

Please list below all policies providing coverage for health care services currently issued or in force fully insuring this MEWA. Additional pages may be attached to this form if necessary.

<u>NAIC Number</u>	<u>Name of Insurance Company</u>	<u>Policy Number</u>	<u>Effective Date</u>
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Dated at _____ this the _____ day of _____, 20_____

(Signature of Trustee, Officer or Director of MEWA)

(Printed Name)

(Title)

Subscribed before me this the _____ day of _____, 20_____

(Notary Seal)

(Notary Public)

My commission expires: _____